

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HIC	32	3-28-01
O.I.P.E. CLASSIFIER	Dr	32	4/23
FORMALITY REVIEW	BE	323-283	26-11-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim		Date
Final	Original	
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Claim		Date
Final	Original	
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Claim		Date
Final	Original	
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If more than 150 claims or 10 actions
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